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BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		State File No. <u>398</u>		Registered No. <u>41</u>	
County <u>Maricopa</u>		State <u>Arizona</u>			
District or Township		or Village			
City <u>Phoenix</u>		No. _____ St. _____ Ward _____			
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Rosetta C. Holton</u>					
(a) Residence, No. <u>1107 W. Adams</u> St. _____ Ward _____					
(Usual place of abode) (If non-resident, give city or town and State)					
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)			
<u>Female</u>	<u>White</u>	<u>Married</u>			
5a. If married, widowed, or divorced					
HUSBAND of _____					
(or) WIFE of <u>O. Holton</u>					
6. DATE OF BIRTH (month, day and year) <u>Mar. 9, 1883</u>					
7. AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min.	
	<u>45</u>	<u>9</u>	<u>18</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>At Home</u>					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) _____ (State or country) <u>Utah</u>					
10. NAME OF FATHER <u>Alden Burdick</u>					
11. BIRTHPLACE OF FATHER _____ (city or town) _____ (State or country) <u>Not known</u>					
12. MAIDEN NAME OF MOTHER <u>Rosetta Elertson</u>					
13. BIRTHPLACE OF MOTHER _____ (city or town) _____ (State or country) <u>Denmark</u>					
14. Informant <u>O. Holton</u> (Address) _____					
15. Filed _____, 19 _____ Registrar. <u>McLellan</u>					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>12</u> <u>27</u> <u>1928</u> Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from <u>12/10/28</u> to <u>12/27/28</u> that I last saw him alive on <u>12/27/28</u> and that death occurred, on the date stated above, at _____ The CAUSE OF DEATH was as follows: <u>Cancer</u> <u>Uterine Cancer</u> (duration) yrs. mos. ds. CONTRIBUTORY <u>Don't know</u> (Secondary) (duration) yrs. mos. ds. 18. Where was disease contracted <u>Colorado</u> if not at place of death? <u>no</u> Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>Examination</u> (Signed) <u>J. V. Ship</u> M. D. 19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Greenwood</u> DATE OF BURIAL <u>12/31/28</u> 20. UNDERTAKER <u>A. H. McLellan 617 N. Central</u> ADDRESS _____					